

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name		Date Stamp OTC CT 2018 MAR -2 PM 1:26	California Form 802 For Official Use Only
City of San Jose			
Division, Department, or Region (If Applicable)			
Council District 1			
Designated Agency Contact (Name, Title)			
Chappie Jones, Councilmember			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 3/2/18 (Month, Day, Year)	
(408) 535-4901	district1@sanjoseca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ _____

Event Description Sharks Vs. Blue Jackets Date(s) 03 / 04 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Jones, Chappie
Official's Name (Last, First)


3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Project Hope	8	Team of city staff members who support the CWNA neighborhood in community engagement and activation
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Cadillac Winchester Neighborhood Association (CWNA)	16	Tickets provided for the CWNA's efforts to activate their neighborhood through community engagement

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Chappie Jones	Councilmember, District 1	03/02/18
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____